

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-679)

SERIAL NO.

595-741

FILING DATE

6-16-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.	3					
TOTAL DEP.	46					

BEST AVAILABLE COPY

IND.	DEP.	IND.	DEP.	IND.	DEP.
61					
62					
63					
64					
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TOTAL IND.					
TOTAL DEP.					

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